

## TRANSMITTAL FORM

Attorney Docket No.  
RAL919990139US3/3899P

In re the application of: Brian M. BASS et al. Confirmation No: 6884

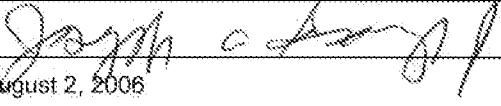
Serial No: 10/650,327 Group Art Unit: 2162

Filed: August 28, 2003 Examiner: Ly, Anh

For: Full Match (FM) Search Algorithm Implementation for a Network Processor

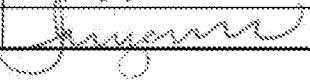
| ENCLOSURES (check all that apply)   |  |  |  |                          |   |
|-------------------------------------|--|--|--|--------------------------|---|
| <input checked="" type="checkbox"/> | Amendment/Reply  | <input type="checkbox"/>   | Assignment and Recordation Cover Sheet           | <input type="checkbox"/> | After Allowance Communication to Group      |
| <input type="checkbox"/>            | <input type="checkbox"/> After Final   | <input type="checkbox"/>   | Part B-Issue Fee Transmittal                     | <input type="checkbox"/> | Notice of Appeal                            |
| <input type="checkbox"/>            | Information disclosure statement   | <input type="checkbox"/>   | Letter to Draftsman                              | <input type="checkbox"/> | Appeal Brief                                |
| <input type="checkbox"/>            | <input type="checkbox"/> Substitute Form 1449  | <input type="checkbox"/>   | Drawings   | <input type="checkbox"/> | Status Letter                               |
| <input type="checkbox"/>            | <input type="checkbox"/> Reference Copies  | <input type="checkbox"/>   | Petition   | <input type="checkbox"/> | Postcard                                    |
| <input type="checkbox"/>            | Extension of Time Request *  | <input type="checkbox"/>   | Fee Address Indication Form                      | <input type="checkbox"/> | Other Enclosure(s) (please identify below): |
| <input type="checkbox"/>            | Express Abandonment  | <input type="checkbox"/>   | Terminal Disclaimer                              |                          |   |
| <input type="checkbox"/>            | Certified Copy of Priority Doc   | <input type="checkbox"/>   | Power of Attorney and Revocation of Prior Powers |                          |   |
| <input type="checkbox"/>            | Response to Incomplete Appln   | <input type="checkbox"/>   | Change of Correspondence Address                 |                          |   |
| <input type="checkbox"/>            | Response to Missing Parts  | *Extension of Term: Pursuant to 37 CFR 1.136, Applicant petitions the Commissioner to extend the time for response for xxxxx month(s), from to . |  |                          |   |
| <input type="checkbox"/>            | <input type="checkbox"/> Executed Declaration by Inventor(s)   |  |  |                          |   |
| CLAIMS                              |  |  |  |                          |   |
| FOR                                 | Claims Remaining After Amendment   | Highest # of Claims Previously Paid For  | Extra Claims                                     | RATE                     | FEES  |
| Total Claims                        | 10   | 45   | 0  | \$ 50.00                 | \$ 0.00                                     |
| Independent Claims                  | 1  | 4  | 0  | \$200.00                 | \$ 0.00                                     |
|                                     |  |  |  | Total Fees               | \$ 0.00                                     |
| METHOD OF PAYMENT                   |  |  |  |                          |   |
| <input type="checkbox"/>            | Check no. _____ in the amount of \$ _____ is enclosed for payment of fees.                             |  |  |                          |   |
| <input type="checkbox"/>            | Charge \$ _____ to Deposit Account No. _____ (Account Holder Name) for payment of fees.                |  |  |                          |   |
| <input checked="" type="checkbox"/> | Charge any additional fees or credit any overpayment to Deposit Account No. 50-0563 (IBM Corporation). |  |  |                          |   |

## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

|               |   |
|---------------|---|
| Attorney Name | Joseph A. Sawyer, Jr., Reg. No. 30,801  |
| Signature     |  |
| Date          | August 2, 2006  |

## CERTIFICATE OF TRANSMISSION

I hereby certify that this correspondence is being transmitted to Examiner Anh Ly via the USPTO EFS-Web on August 2, 2006.

|                      |   |
|----------------------|---|
| Type or printed name | Jinny Nguyen  |
| Signature            |  |